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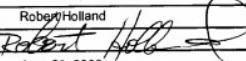
29153 7590 03/23/2006

ATI TECHNOLOGIES, INC.
C/O VEDDER PRICE KAUFMAN & KAMMHOLZ
222 N. LASALLE STREET
CHICAGO, IL 60601

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Robert Holland	(Depositor's name)
	
(Signature)	
June 23, 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/790,952	03/02/2004	Vineet Goel	00100.02.0050	2165

TITLE OF INVENTION: METHOD AND APPARATUS FOR DUAL PASS ADAPTIVE TESSELLATION

APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/23/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, KIMBINH T.	2628	345-423000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.365).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2. _____

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03/02 or more recent) attached. Use of a Customer Number is required.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ATI Technologies Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Markham, Ontario, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input checked="" type="checkbox"/> Advance Order - # of Copies 6	<input type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0441 (enclose an extra copy of this form).

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Authorized Signature 

Date June 23, 2006

Typed or printed name Christopher J. Reckamp

Registration No. 34,414

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